**FOR** 

**AMENDMENT** 

**AMENDMENT** 

ENDMENT

Total

Independent

Total

Independent

**BASIC FEE** 

**TOTAL CLAIMS** 

INDEPENDENT CLAIMS

MULTIPLE DEPENDENT CLAIM PRESENT

If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

**CLAIMS** 

REMAINING

**AFTER** 

**AMENDMENT** 

(Column 1)

**CLAIMS** 

REMAINING

**AFTER** 

AMENDMENT

(Column 1)

**CLAIMS** 

REMAINING

**AFTER** 

AMENDMENT





SM

(Column 2)

(Column 3)

**PRESENT** 

**EXTRA** 

(Column 3)

(Column 3)

**PRESENT** 

**EXTRA** 

**NUMBER EXTRA** 

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997

minus 20 =

minus 3 =

(Column 2)

HIGHEST

NUMBER

**PREVIOUSLY** 

PAID FOR

(Column 2)

HIGHEST

**NUMBER** 

**PREVIOUSLY** 

PAID FOR

(Column 2)

HIGHEST

NUMBER

PREVIOUSLY

PAID FOR

**CLAIMS AS FILED - PART I** 

**CLAIMS AS AMENDED - PART II** 

Minus

Minus

Minus

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 1)

NUMBER FILED

Application or Docket Number ALADADA

1100

	9/000000						
SMALL TYPE	ENTITY	o/R	OTHER THAN SMALL ENTITY				
RATE	FEE	, i	RATE	FEE			
	395.00	OR		790.00			
\$11=		OR	x\$22=				
41=	82	OR	x82=				
135=		OR	+270=				

RAT x\$1 x41 +13 TOTAL

TOTAL **OTHER THAN** 

OR

		SMALL	ENTITY
		RATE	ADDI- TIONAL FEE
		x\$11=	
_		x41=	
		+135=	
	'	TOTAL	l l

ADDIT. FEE

VUDIT EEE

ADDI-TIONAL **RATE** FEE x\$22=OR x82 =OR OR ⊦270= TOTAL ADDIT. FEE

**SMALL ENTITY** 

PRESENT EXTRA	R/
=	<b>x</b> \$
=	χ4
IM	+1

ADDI-ADDI-TIONAL ATE RATE TIONAL FEE FEE 11= x\$22=OR 41= x82 =OR OR 35= +270= TOTAL TOTAL OR

 ADDII. FEE					
RATE	ADDI- TIONAL FEE				
x\$11=					
x41=					
+135=					

ADDI-TIONAL RATE FEE OR x\$22=x82 =OR OR +270=

TOTAL

ADDIT. FEE

ADDIT. FEE

**TOTAL** ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

<b>∑</b>	maepenaem		IVIIIus	, , ,	=
∢	FIRST PRES	SENTATION OF	MULTIPLE	DEPENDENT CL	AIM

Minus

Total

Independent

If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."



## STATES DEPARTMENT OF COMMERCE and Trademark Office ASSISTANT SECRETARY OF COMMERCE AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF TE FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 09/020063	
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	Total Fee Calculation						
	Fee Code	Total # Claims	Number Extra	x	F⇔	. F⇔ =	Tc
	Sm_/Lg.				Sm. Entity	Lg. Entity	l k
Basic Filing Fee	201/101				393,00		3 <u>95</u>
Total Claims >20	203/103	20	=	x			!
Independent Claims >3	202/102	3	=	x			
Mult Dep Claim Present	204/104						
Surcharge .	205/105				65.00		<u>6</u>
English Translation	139						1
TOTAL FEE CALCUL	ATTON					·	460
Fees due upon filing t	he application:						
Total Filing Fees Due	=\$ <u>460</u> ,	00	<del></del>				
Less Filing Fees Subm	itted -\$	385100	)	<del></del>			I
BALANCE DUE	= \$	75. R					
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Office of Initial Patent	Framination	<del></del>					